# Practitioner's Docket No. 1401B-004 (CI0100US)

**PATENT** 

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Norbe

Norbert Jacobi

Application No.: 10/552,514 Filed: 08/14/2006

Group No.: 3725

Examiner: Rosenbaum, Mark

For: CUTTER HEAD FOR A MEAT CUTTER Conf. No. 2400

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### **AMENDMENT TRANSMITTAL**

1. Transmitted herewith is a Response and Amendment for this application.

#### **STATUS**

2. Applicant is other than a small entity.

#### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

# CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date:

Signature

(type or print name of person certifying)

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

_	(Col. 1)	(C	ol. 2)	(Col. 3)		OTHER THAN A SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE			ADDIT. FEE		
TOTAL	27	_	26	=	1	X	\$	52.00	=	\$	52.00
INDEP.	3		3		0	X	\$_	220.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+	\$	0.00 TOTAL	=	\$	0.00
							AD	DIT. FEE		\$	52.00

#### **TOTAL FEE DUE**

5. The total fee due is:

Additional Claim Fee

\$52.00

# **TOTAL FEES DUE \$52.00**

#### PAYMENT OF FEES

6.

Authorization is hereby made to charge the amount of \$52.00 to Deposit Account No. 50-1097.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

## FEE DEFICIENCY

7. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date:

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